Town of Mansfield PLANNING AND ZONING COMMISSION

HOME OCCUPATION APPLICATION/PERMIT

1.				
	Applicants Name	Address	Phone #	Zone
2.				
	Name of Business/Home Occupation	Туре	of Business/Occupation	
3.	Statement of Use: On a separate page, fully describe the use or uses to which the subject building or site will be devoted. Fully address the approval criteria of Article X, Section N.2.			
4.	Area/square footage of the house			
5.	Area/square footage devoted to the Hor	me Occupation		
6.	How many employees, not residents of	the subject dwelling, v	vork on the site?	
7.	Submit a plot plan, which shows the property lines and the location of all structures and parking areas.			
8.	Submit a floor plan, labeling the rooms/areas to be used in the home occupation.			
9.	You are permitted one, non-illuminated sign, not to exceed five square feet in area. If a sign is being proposed, submit a sketch of the sign. Signs shall contain the words "By Appointment Only" in letters having a minimum 1 1/4" height.			
10.				
	Applicants Signature	Date		
(For	Office Use Only)			
This	s application has been reviewed and determined to	o meet the requirements of	the following officials.	
	Health	Fire	Building	
The	application complies with Article IV.B 34 & Art	icle X.N.: yes no		
The	following comments or conditions apply to this l	Permit:		
This	s Permit expires on	_	\$75.00 Fee paid \$	
	Signature of Zoning Agent	Date		